

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

INSPECTION RECORD – DRILLING

Case Number		State	District		Field Area			<input type="checkbox"/> Detailed <input type="checkbox"/> Non-Detailed	
Well Name:					Well Number:				
API No:		Location ¼, ¼, S-T-R			Spud Date		Status		
Operator/Representative				Rig/Contractor/Representative					
INSP. TYPE	ACT. CODE	INSPECTOR	OPEN DATE	CLOSED DATE	OFFICE TIME	TRAVEL TIME	INSPECT TIME	TRIPS	
GENERAL						INSPECTED	NA	VIOLATION	
1. Is approved drilling permit and plan on location?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is drill site properly identified?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are operations being conducted in a workmanlike manner? (Detailed list in handbook)						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Did Operator report all spills?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are drill-stem tests conducted as required?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is hole deviation within approved tolerances?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SURFACE USE									
7. Is surface use in accordance with approved plans?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Well site lay-out;						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Pits, sumps, and other ancillary facilities;						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Containment and Disposal of solid, liquid, and gaseous wastes;						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Failure to implement dust control;						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Failure to obtain prior approval for additional surface disturbances.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BLOWOUT PREVENTER AND ASSOCIATED EQUIPMENT									
8. Is BOP pressure rating and arrangement at least that approved? Rating _____						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are choke lines and manifold, kill lines, and fill lines properly installed and operable?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Are master controls installed and functional?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Remote control on floor?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Hand wheels or autolock? (Circle appropriate item)						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Valve installed in closing line of annular preventer?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is pressure accumulator system adequate to activate BOP? psi rating _____ Fluid volume _____						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

BLOWOUT PREVENTER AND ASSOCIATED EQUIPMENT (CONTINUED)		INSPECTED	NA	VIOLATION
a. Nitrogen precharge pressure? Date last checked _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Will reservoir hold two times usable fluid volume? _____ gal.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is power available and turned on to the accumulator pumps?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are ram-type preventers tested to stack working pressure if isolated by test plug or 70 percent of internal yield pressure of casing if BOP stack is not isolated from casing? _____ psi test pressure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are annular-type preventers tested to 50 percent of working pressure? _____ psi.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are BOPE tests run and recorded in driller's log? _____ psi.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. When initially installed?	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Whenever a seal subject to test pressure is broken?	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Following related repairs?	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 30-day intervals?	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are BOP drills conducted weekly and recorded in driller's log? Time: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is annular preventer activated weekly and recorded in driller's log?	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Are pipe rams activated each trip and recorded in driller's log?	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Are blind rams activated each trip?	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Is the slow pump speed recorded each tour?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are drill string safety valves and/or inside BOP valves readily available?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. <input type="checkbox"/> Is upper Kelly cock installed? <input type="checkbox"/> Is lower Kelly cock installed? <input type="checkbox"/> Are appropriate Kelly cock wrenches available?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. BOPE shall be installed, used, maintained and tested in a manner to assure well control and shall be in place prior to drilling the surface casing shoe.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASING AND CEMENT				
22. Was casing run in accordance with approved APD (size weight grade depth New? <input type="checkbox"/> Used <input type="checkbox"/>)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. When surface casing, did cement circulate to surface? If not, was remedial action taken?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Centralizers as required?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. When setting casing, was cement job conducted as approved <input type="checkbox"/> Surface <input type="checkbox"/> Intermediate <input type="checkbox"/> Production <input type="checkbox"/> Liner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Were all casing strings pressure tested prior to drill out? _____ psi?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Was remedial action taken if test indicated need? Action _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Were all pressure tests recorded in driller's log? Date recorded _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Were all waiting on cement (WOC) times adequate to achieve a minimum of 500 psi compressive strength at the shoe?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Are casing shoe pressure integrity tests (mud weight equivalency test) performed and recorded in log book? Date recorded _____ Mud Weight _____ Depth _____ Pressure _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. All indications of usable water reported to the authorized officer?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Are wiper plugs used as required?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MUD PROGRAM				
30. Is mud system in accordance with approved APD?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Are appropriate quantities of mud on hand?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Is mud monitoring equipment in accordance with approved APD?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Electronic/mechanical mud monitoring equipment alarms set and turned on?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Is gas detection equipment installed and operational as per APD?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Are acceptable well control practices being followed while tripping?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Are tourly mud tests (weight & viscosity) recorded in the driller's log?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Is flare system installed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL OPERATIONS-AIR/GAS DRILLING			
37. Is rotating head in operating condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Is the blooie line installed and the pilot light and igniter installed and operating as per the APD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Is deduster equipment installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is mud circulation equipment available for rapid use (including mud, reserve pits, and steel tanks)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Are engines equipped with spark arresters or water cooled exhaust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HYDROGEN SULFIDE OPERATIONS (500' above or 3 days prior to expected H2S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Are the H2S Drilling Operations Plan and Public Protection Plan, if required, available at well site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Are the locations of safe briefing areas as approved, are they designated, and is safe access provided to them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Is a secondary means of egress available and passable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Is required safety equipment for essential personnel available and operable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Portable H2S and SO2 detectors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Self-contained breathing apparatus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Explosion proof ventilation fans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other equipment as approved in drilling operations plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Are initial and weekly training and H2S/well control drills held and recorded on the driller's log?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Is permanent H2S detection and monitoring equipment installed, tested, operable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is the wind direction equipment installed and visible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Are the caution/danger signs legible, visible, and posted a safe distance from the location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Are the warning flags, flare gun and flare available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Is the equipment H2S trimmed as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Is remote kill line installed and tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Is the flare system designed to safely gather and burn H2S?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Is the flare system equipped with a safe and suitable means of ignition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the flareline mouth at least 150' from wellbore?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If noncombustible gas is to be flared, is supplemental fuel available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Are the mud-gas separator, degassers, and rotating head installed and operational (exploratory wells only)? Are degassers installed and operable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Is the remote controlled choke installed, tested and operable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Is the pH of freshwater mud 10.0 or above unless otherwise approved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Are sufficient quantities of mud additives to scavenge H2S available at the well site (exploratory wells only)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER			
57. Other special requirements per approved APD and lease terms. _____			
58. Description of operations witnessed. _____			

HIGH PRIORITY INSPECTION REMARKS
